

Presumptive Eligibility Training For Qualified Hospitals



What is Presumptive Eligibility?

Presumptive Eligibility (PE) is a program that provides eligible applicants temporary eligibility for certain Medicaid groups.

A presumptive eligibility period lasts until the State processes the full Medicaid application – OR– for individuals who do not submit a full Medicaid application, until the last day of the month following the month in which the presumptive eligibility determination was made.

How Long Does a PE Period Last?

Commit to your health.

A presumptive eligibility period lasts until the State processes the full Medicaid application.

(Example: PE application submitted 10/15, full Medicaid application submitted 10/30 and approved 11/05. PE will end 11/05.)

–OR– for individuals who do not submit a full Medicaid application, until the last day of the month following the month in which the presumptive eligibility determination was made.

(Example: PE application submitted on 10/12, no full Medicaid application submitted, PE eligibility ends 11/30)

Purpose of Training

The purpose of this training is to focus on coverage groups and Qualified Hospital (QH) responsibilities in the Presumptive Eligibility Program.

Legal Authority – Wyoming Department of Health (WDH)

The Wyoming Department of Health administers the program.

- QHs determine Presumptive Eligibility using WDH PE Application and Qualified Hospital Calculation Sheet.
- The Wyoming Department of Health determines eligibility for these programs under Medicaid while a client is in the presumptive eligibility period, if a full Medicaid application has been submitted.

Groups Eligible for PE

Commit to your health.

- Pregnant Women
- Children ages 0 through age 18
- Parents and Caretaker Relatives
- Former Foster Youth
- Breast and Cervical Cancer

What is PE for Pregnant Women?

An option which is designed to improve pregnant women's access to temporary ambulatory prenatal care while her eligibility for Medicaid benefits is determined. PE does not cover the cost of delivery.

Eligibility Criteria for Pregnant Women

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To qualify for the PE for Pregnant Women program, a woman must:

- Be pregnant
- Be a Wyoming resident
- Be lawfully present in the U.S.
 - See supplemental document “Immigration Status Worksheet” for definition of lawfully present.
- Have a gross family income that does not exceed 154% of the Federal Poverty Level (FPL)
 - A 5% disregard of the FPL should be given if it will make a difference in eligibility.

****Self-attestation is accepted to verify PE eligibility criteria**

What is PE for Children?

An option which is designed to improve children's access to medical services while Medicaid benefits are determined.

Eligibility Criteria for the PE Program for Children

Commit to your health.

To qualify for the PE Program for Children, a child must:

- Be under the age of 19
- Be a U.S. Citizen or Qualified Non-Citizen
 - See supplemental document “Immigration Status Worksheet” for definition of a Qualified Non-Citizen.
- Be a Wyoming resident
- Have a gross family income that does not exceed 154% of the Federal Poverty Level for children 0-5 or 133% of the Federal Poverty Level for children 6-18
 - A 5% disregard of the FPL should be given if it will make a difference in eligibility.

****Self-attestation is accepted to verify PE eligibility criteria**

Eligibility Criteria for the PE Breast and Cervical Cancer Program

Commit to your health.

To qualify for the PE Program for Breast and Cervical Cancer, a woman must be:

- A Wyoming resident
- Be a U.S. Citizen or Qualified Non-Citizen
 - See supplemental document “Immigration Status Worksheet” for definition of a Qualified Non-Citizen.
- Eligible for treatment as identified by the Breast and Cervical Cancer Early Detection Program
 - The Breast and Cervical Early Detection Program screens for income eligibility.

****Self-attestation is accepted to verify PE eligibility criteria**

Who are Parents and Caretaker Relatives?

Commit to your health.

A caretaker relative provides a home for and takes care of a Medicaid eligible child(ren) under the age of 18.

Eligibility Criteria for the PE Program for Parents and Caretaker Relative

To qualify for the PE Program for Parents and Caretaker Relatives, applicants must:

- Provide a home for and take care of a Medicaid eligible child(ren) under the age of 18
- Be a U.S. Citizen or Qualified Non-Citizen
 - See supplemental document “Immigration Status Worksheet” for definition of a Qualified Non-Citizen.
- Be a Wyoming resident
- Have a gross family income that does not exceed 56% of the Federal Poverty Level
 - A 5% disregard of the FPL should be given if it will make a difference in eligibility.

****Self-attestation is accepted to verify PE eligibility criteria**

What is Former Foster Youth?

Former Foster Youth is a program for individuals who were in DFS custody in Wyoming, or Wyoming Tribal Custody, and enrolled in a Federally Funded Wyoming Medicaid Program on their 18th birthday.

Eligibility Criteria for the PE Program for Former Foster Youth

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To qualify for the PE program for Former Foster Youth, an applicant must:

- Have been in Wyoming DFS custody, or Wyoming Tribal Foster Care custody, and enrolled in a Federally Funded Wyoming Medicaid Program on their 18th birthday
- Be a U.S. Citizen or Qualified Non-Citizen
 - See supplemental document “Immigration Status Worksheet” for definition of a Qualified Non-Citizen.
- Be age 18 through the age of 25

****Former Foster Youth applicants do not have to meet any income or resource guidelines. Self-attestation is accepted to verify PE eligibility criteria.**

How to Become a QH

In order to become a QH, your facility must:

- Apply with the Wyoming Department of Health, Medicaid Eligibility Unit.
 - Complete a Qualified Hospital Application & Qualified Hospital Agreement.
 - Fax this form to the Medicaid Eligibility Unit, Attn: PE Program at 307-777-7085, or email to eceligibilityunit@wyo.gov

Each person in your office assisting clients with the paper application must complete training provided by the Medicaid Eligibility Unit.

All materials for the application and training can be found online at: <https://health.wyo.gov/healthcarefin/medicaid/pelinks/>

QH Responsibilities

Commit to your health.

Qualified Hospital Staff will:

- Complete the PE application and obtain applicant signature on Rights and Responsibilities form.
- Screen applicant for current Medicaid enrollment based on self-attestation.
- Review the application with the applicant before making a determination.
- Determine the PE program a client may potentially be eligible for and complete the Qualified Hospital Calculation Sheet to make a determination.
- Fill out PE Approval or Denial Notice.
- Give one copy of the PE Approval or Denial Notice to the applicant and keep a copy for your records.

QH Responsibilities

Commit to your health.

Qualified Hospital Staff will:

- Submit the PE Application, Qualified Hospital Calculation Sheet, and Rights & Responsibilities Sheet to the Wyoming Department of Health, Attn: PE Program, via email eceligibilityunit@wyo.gov, or fax to 307-777-7085.
- Assist the applicant in completing the Streamlined Application for regular Medicaid, if the applicant chooses to apply.
- Provide the applicant with information about other health and nutrition programs.

PE Eligibility Period

PE is limited to one period of eligibility per pregnancy for pregnant women, and one period of eligibility every twelve (12) months for all other programs.

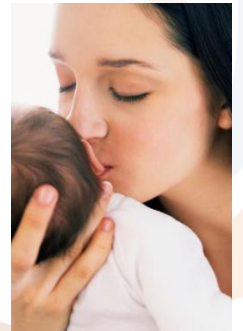
- QH should ask the applicant if they have received PE in the last twelve months or during the current pregnancy.
 - Applicants who state they have received PE in the last twelve months or current pregnancy should be denied PE.
- This eligibility will not appear in the payment system for up to two business days after the determination is received by WDH.
 - During the time period that the QH has determined eligibility and the information is being uploaded into the payment system, the approval notice will serve as proof for temporary eligibility.

PE Covered Services

PE covered services for the Pregnant Women program:

- Temporary Ambulatory Outpatient Services

PE does not cover the cost of delivery. A full Medicaid application should be submitted to determine eligibility for the Pregnant Women program.



PE Covered Services

Commit to your health.

PE covered services for Children, Breast and Cervical Cancer, Former Foster Youth, and Caretaker Relative Programs:

- Full Medicaid benefits
- Below is a link to the Medicaid Handbook
<http://wyequalitycare.acs-inc.com/client/documents.html>

PE Paper Application

Commit to your health.

QHs will assist the applicant by completing the Application for PE. All materials for the application and training can be found online at: <https://health.wyo.gov/healthcarefin/medicaid/pelinks/>

Application for Presumptive Eligibility for Wyoming Medicaid

Use this form to find out quickly if you qualify for Presumptive Eligibility (PE) for Wyoming Medicaid. PE offers you and your family immediate access to health care while you apply for regular Medicaid. All information collected for PE is based on self-attestation and does not require verification.

To qualify for regular Medicaid, you must complete the Wyoming Medicaid Streamlined Application. While you wait to learn if you qualify for regular Medicaid, you can get covered services through PE if eligible. You can apply for regular Medicaid by:

- Completing a paper application, available online at: <https://health.wyo.gov/healthcarefin/apply/>
 - Return the application to us by:
 - Mail (3001 E. Pershing Blvd., Suite 125, Cheyenne, Wyoming 82001), or
 - Fax (1-855-329-3205), or
 - Email (medicaidapplications@wyo.gov)
- Applying online at: <https://www.wyomediaid.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

Who can qualify for PE?

You can qualify for PE for Medicaid if you meet the following criteria:

- Your gross income is below the monthly limit
- You are a U.S. Citizen, U.S. National, or Qualified Non-Citizen
 - Pregnant women can also qualify if they are lawfully present in the U.S.
- You are a Wyoming Resident
- You do not already have Medicaid
- You have not had a PE period for Medicaid in the last year for Children's PE, Parent or Caretaker Relative PE, Breast and Cervical Cancer PE, or Former Foster Youth PE. Or, if you are pregnant, you have not had a PE period for Medicaid during this pregnancy.
- You are in one of the groups that offers PE for
 - Children under the age of 19
 - Pregnant women
 - Parents or caretaker relatives of children under the age of 18
 - Individuals enrolled in the Breast and Cervical Cancer Early Detection Program
 - Individuals who were in Wyoming DFS custody or Wyoming Tribal Foster Care custody on their 18th birthday

When the PE application is complete, email to eligibilityunit@wyo.gov or fax to 307-777-7085.

Tell us about yourself

Name _____
Last First Middle
Date of Birth _____
Month/Day/Year Social Security Number (optional) _____
Home Address: _____
Street City State Zip
Mailing Address: _____
If different than Home Address
Home Phone () _____ Work Phone () _____
Cell Phone () _____ Message Phone () _____
Email Address _____

Email Address _____
Are you a U.S. Citizen, U.S. National or Qualified Non-Citizen? Yes No
Date you became a Lawful Permanent Resident or Qualified Non-Citizen _____

Are you a Wyoming Resident? Yes No (If you are not a Wyoming Resident, the Qualified Provider cannot determine your PE.)

Are you currently enrolled in a Wyoming Medicaid program? Yes No

PE for Pregnant Women:

Are you lawfully present in the United States? Yes No
Are you pregnant? Yes No
When is the baby due? _____ How many babies are due? _____

PE for Breast and Cervical Cancer:

Are you currently enrolled in the Breast and Cervical Cancer Early Detection Program and diagnosed with Breast or Cervical Cancer? Yes No

PE for Former Foster Youth:

Were you in DFS custody or Wyoming Tribal Foster Care and enrolled in a Federally Funded Medicaid program on your 18th birthday? Yes No

PE for Parent or Caretaker Relative:

Are you the parent or caretaker relative of a Medicaid eligible child in your household that is under the age of 18? Yes No

How many individuals are in your household? (Count spouse, any children under the age of 18, and parents if the applicant is under the age of 18. For the Pregnant Women PE Program, the unborn child is part of the household size.) _____

What is your household's monthly gross earned and unearned income? \$ _____

NOTE: You do not need to include Child Support, Veterans' payments, Worker's Compensation, or Supplemental Security Income (SSI). There is no income test for PE for Former Foster Youth. (A 3% disregard of the FPL should be given if it will make a difference in eligibility.)

Were you given the opportunity to fill out the full Medicaid application with the Qualified Hospital? Yes No

By signing you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Signature _____ Date _____

Provider Name _____ Provider Contract Number _____

Facility Name _____

Facility Address

If you qualify for PE for Medicaid, what happens next?

- You will get a notice from the hospital saying you were approved.
- You can start using your PE for Medicaid coverage right away for Medicaid covered services. You can go to any health care provider that accepts Medicaid, starting the day you are approved.
 - To start using your PE coverage you will need to show your approval notice to providers until you receive your card in the mail. The card should arrive in 2 weeks, if you haven't previously received a Medicaid card.
 - If the notice says you qualify for PE for Medicaid because you are pregnant, you are covered for outpatient ambulatory prenatal care only. PE will not cover the services if you are admitted to a hospital.
- If you do not complete the Wyoming Medicaid Streamlined Application to see if you qualify for regular Medicaid, your PE coverage will end on the last day of the month after the month you are approved for PE.
 - For example, if you qualified for PE in January and have not submitted a regular Medicaid application, your PE coverage will end on the last day of February.
- If you complete the Wyoming Medicaid Streamlined Application for regular Medicaid your PE coverage will end on the date a determination for regular Medicaid is made.
 - For example, if you qualified for PE in January and submitted a regular Medicaid application, that is processed on February 2nd. Your PE eligibility will end February 2nd.

If you do not qualify for PE for Medicaid, what happens next?

- You will get a notice from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid using the Wyoming Medicaid Streamlined Application.

Questions: Ask your hospital representative, call us at 1-307-777-3423, or visit us online at: <http://www.health.wyo.gov/healthcarefin/medicaid/eligibility/PresumptiveEligibilityPE.html>

How to Complete the PE Application

Commit to your health.

Completing the PE Application:

- Read through the application with the applicant.
- Information is gathered through self-attestation.
- Fill in the applicants personal information. (The PE Application must be filled out for each applicant.)
- After all fields have been completed, review the application information with the applicant to ensure there are no errors.
 - **The SSN field is requested to assist in matching but is not required.**
- The Rights and Responsibilities form must be signed and dated before making a determination.

How to Complete the PE Application

Commit to your health.

Completing the PE Application:

- Determine eligibility based on the information provided on the application by using the application and the Qualified Hospital Calculation Sheet.
- Fill out PE Approval or Denial Notice.
- Give one copy of the PE Approval or Denial Notice to the applicant and keep a copy for your records.
 - PE eligibility will not appear in the payment system for up to two business days.
- Submit the PE Application, Qualified Hospital Calculation Sheet, and Rights & Responsibilities Sheet to the Wyoming Department of Health, Attn: PE Program via email eceligibilityunit@wyo.gov, or fax 307-777-7085 within 1 business day.

PE Rights and Responsibilities

- Rights and Responsibilities form must be signed before a determination has been made.



Michael A. Ceballos
Director

Healthcare Financing Division
Wyoming Medicaid
122 West 25th Street, 4 West
Cheyenne, WY 82002
(307) 777-7531 • 866-571-0944
Fax (307) 777-6964 • www.health.wyo.gov



Mark Gordon
Governor

Rights and Responsibilities

By signing this notification, you state that you understand the following:

Release of Medical Records: I understand that the Wyoming Department of Health (WDH) must be able to obtain medical records from providers if necessary. My signature authorizes my medical provider to release any medical records to the WDH.

Social Security Numbers: I understand that I am being asked to provide a Social Security Number to verify any current Medicaid benefits and to check for duplication. Social Security Number is not a requirement to receiving Presumptive Eligibility.

My Civil Rights: I understand that the program this application is used for will not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, religion, political belief, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of this program. For further information about this policy contact: Wyoming Department of Health at (307) 777-7531 or the Office of Civil Rights at (800) 368-1019.

Medical Support: I understand that if WDH pays for medical or other related services, they have the right to collect from a third person or from available insurance or from settlements for accidents or injuries. If I receive any medical reimbursement payments from insurance companies or other potentially liable third parties while I am enrolled in Medicaid, I must pay WDH back.

Required Signature

I certify that the information given on the application is true and correct. I also have read and understand the Rights and Responsibilities on this notification.

Please sign here _____ Date _____

Print Name _____

Applicant Name _____

If this is a telephonic application- By signing, you as the Qualified Provider/Hospital are attesting that you have read the Rights and Responsibilities to the applicant and that the applicant certifies that the information given on the application is true and correct.

Please sign here _____ Date _____

Qualified Provider Name _____

Applicant Name _____

PE Approval Notice



Michael A. Ceballos
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Mark Gordon
Governor

Client Name:

Date:

Client Mailing Address:

Based on the information you provided, you are temporarily eligible for the Medicaid Presumptive Eligibility program.

About your Presumptive Eligibility benefits:

- For pregnant women, you are temporarily eligible for outpatient Medicaid covered services only.
 - This coverage will not pay for the delivery of your baby.
- For all other groups, you are temporarily eligible for full Medicaid covered services.

If you have not previously been on Medicaid, you will receive a Medicaid card within 2 weeks. Take this card with you (or show this letter to providers before receiving your card) when you go to the doctor, hospital, or pharmacy. To order another card call: 1-800-251-1269.

Coverage Period will end:

- If you complete a full Medicaid application, your Presumptive Eligibility coverage will end the date a determination is made on your application.
 - Example: PE application submitted 10/15, full Medicaid application submitted 10/30 and approved 11/05. PE will end 11/05.
 - If your full application is approved, you will be transitioned to a full Medicaid group.
- If you do not complete and submit a full Medicaid application, your coverage will end the last day of the month following the month in which your hospital PE determination was made.

- Example: PE application submitted on 10/12, no full Medicaid application submitted, PE eligibility ends 11/30.

Note to Providers:

- Please call one of the following numbers to verify eligibility after the eligibility date above: 307-772-8403 or 1-800-251-1270. The eligibility will not appear in the payment system for up to two business days after the date of this letter.
- During the time period that the eligibility determination for PE has been made and the information being uploaded into the payment system the approval notice will serve as proof for temporary eligibility

You can apply for regular Medicaid by:

- Completing a paper application, available online at:
<https://health.wyo.gov/healthcarefin/apply/>
 - Return the application to us by:
 - Mail (3001 E. Pershing Blvd., Suite 125 Cheyenne, WY 82001),
 - Fax (1-855-329-5205), or
 - Email (wesapplications@wyo.gov).
- Applying online at: <https://www.wesystem.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

Qualified Hospital

Qualified Hospital Phone Number

We will keep your information secure and private.

PE Denial Notice



Michael A. Ceballos
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Mark Gordon
Governor

Client Name:
Date:
Client Mailing Address:

|

Based on the information you provided, you are not eligible for the Presumptive Eligibility (PE) program.

Reason for denial:

☐ Over Income ☐ Non-Wyoming Resident
☐ Non-Citizen ☐ No Coverage Group ☐ Current Medicaid Enrollment

A denial of PE does not necessarily mean that you are not eligible for other Medicaid programs.

You can apply for regular Medicaid by:

- Completing a paper application, available online at:
<https://health.wyo.gov/healthcarefin/apply/>
 - o Return the application to us by:
 - Mail (3001 E. Pershing Blvd., Suite 125, Cheyenne, Wyoming 82001),
 - Fax (1-855-329-5205) , or
 - Email (wesapplications@wyo.gov).
- Applying online at: <https://www.wesystem.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

Sincerely,

Qualified Hospital/Qualified Provider

Phone Number

We will keep your information secure and private.
There is no right to appeal the denial of a PE determination.

Questions? Call 1-855-294-2127 (TTY/TDD: 1-855-329-5204). You can call Monday to Friday 7 a.m. to 6 p.m. The call is free. Or go to www.wesystem.wyo.gov.

QH Checklist

- Has the Rights and Responsibilities notice been signed and dated by the applicant?
- Did you give a copy of the Approval or Denial Notice to the applicant?
- Have you assisted the applicant in completing the Streamlined Application for regular Medicaid, if desired?
- Have you referred the applicant to other available health and nutrition programs?
- Have you faxed or emailed the PE Application, Qualified Hospital Calculation Sheet, and Rights & Responsibilities Sheet to the Wyoming Department of Health?

What is the Streamlined Application?

This application is used to determine eligibility for regular Medicaid programs. A QH is asked to assist all applicants who choose to apply for full Medicaid using one of the following methods:

- Complete a paper Streamlined Application and submit it to the Wyoming Department of Health, Customer Service Center by:
 - Mailing to 3001 E. Pershing Blvd., Suite 125, Cheyenne, WY 82001
 - Faxing to 1-855-329-5205
 - Emailing to wesapplications@wyo.gov
- Call the Wyoming Department of Health, Customer Service Center at 1-855-294-2127 to apply over the phone .
- Apply online at www.wesystem.wyo.gov.

To order hard copy applications, contact Cathy Ernste at (307) 777-3423.

Quality Measurement

- All PE applicants will be screened for current Medicaid enrollment.
 - Current Medicaid enrollment is based on self-attestation and is a question on the PE application.
- At least 90% of applicants must be provided the opportunity to complete the full Medicaid application.
 - This will be tracked based on the answer to the question asking if the client was given the opportunity to complete the full Medicaid application.
- At least 80% of clients who choose to fill out the full Medicaid application must be approved benefits in a 6 month period.
 - Applicants who are denied full Medicaid for failing to provide necessary information/documentation will not be included in the measurement.

Quality Measurement

- Additional training will be provided to each QH that does not meet the quality measures in a 6 month period.
 - The WDH will review all QHs every 6 months to verify the quality measurements are being met.
 - Any provider who does not meet the quality measurements will be contacted by the WDH for one-on-one training on PE.
 - The QH will be reviewed again in 3 months to verify if they are now meeting the quality measures.
 - The QH staff members will be required to provide the WDH with an Error Prevention Plan detailing how the QH will work to meet the quality measurements.
 - The QH will be reviewed a last time after 3 months to verify if they are now meeting the quality measurements.
 - If at this point the QH still is not meeting the quality measures, the QH will be subject to disqualification from performing PE determinations.

Review

- QHs must enroll with Medicaid.
- The PE process is by self-attestation.
- Ask the applicant if they are currently on a Medicaid program.
- Gross income amounts are used when completing the income section.
- Once a determination has been made, the PE Application, Qualified Hospital Calculation Sheet, and Rights & Responsibilities Sheet will need to be faxed or emailed to the Wyoming Department of Health within 1 business day.
- The applicant can only be approved for one period of PE per pregnancy or one period every 12 months for all other PE programs.
- Assist applicants who desire regular Medicaid in completing the Streamlined Application.

Presumptive Eligibility Contact Information:

- Cathy Ernste, Benefit Coordination Consultant
cathy.ernste1@wyo.gov | 307-777-3423
- Theresa Manzanares, Benefit Coordination Manager
theresa.manzanares@wyo.gov | 307-777-3772

